

affections which are almost always treated on the assumption that they are syphilitic are, *tabes dorsalis* and progressive paralysis. That these two diseases do occur coincident with syphilis, or syphilis with them, cannot be denied, but that they are dependent upon syphilitic infection is a theory which can be easily exploded when the fact of their incurability is considered, as against the curability of true brain syphilis. A careful diagnosis in the latter would enable one to render an otherwise uncertain prognosis favorable.

B. M.

DIGESTION ACTIVITY IN MENTAL DISEASES.

An article on this subject appears in an August number of the "*St. Petersburg med. Woch.*," by Dr. E. Grabe, in which he attempts to elucidate the question of nervous dyspepsia as he considers it the most important, because the most frequent, of the neurasthenic indigestions due to functional disease of the nervous system.

In examinations of the stomach contents in a number of psychoses, over a given time, it was found that the mental condition had much influence on the general economy. Leyden's conclusions on this subject after making observations during health and disease, were that the functions of the stomach and appetite and digestion were under the influence of the central nervous system and that stimulation or depression resulted in alteration of function. It must then be accepted, that in a high grade of psychical disease, the stomach functions cannot be normal and that the resulting dyspepsia is therefore a neurosis. Notwithstanding some new views to the contrary, recent examination of the stomach juices in fourteen cases of melancholia, the patients being otherwise in general good health, showed hyperacidity, due to free hydrochloric acid and decrease of peptic formations. Hypersecretion was not, however, constant. Under such circumstances it is not surprising that appetite is lost in melancholia and allied diseases. Krafft-Ebing, in his text-book on Psychiatry, says that the explanation of the loss of appetite in dyspepsia, melancholia and hypochondria is due to the lessening in the quantity of, or chemical alteration in, the digestive fluids. In the twelve cases of mental disease, examined by the author as to the condition of the stomach secretions, all were found to contain free hydrochloric acid and lessened peptonoid products.

The irritated state of the nervous apparatus in the various forms of mental diseases seems then to be responsible for the secretion activity of the stomach resulting in the

production of hydrochloric acid. It is the author's intention to make further investigation as to the constancy of these functional alterations in psychoses. B. M.

SPONTANEOUS SHEDDING OF THE NAILS IN DIABETIC PATIENTS.

Prof. Auché, in the "*Rivista Clinica e Terapeutica*," No. 4, 1891, communicates the results of his studying the development of this phenomenon in diabetic patients. First a hemorrhage takes place into the tissue beneath the nail which, according to its amount, detaches the nail more or less extensively from its bed. If the hemorrhage be but slight, there appears a small and redish film; if more abundant, the nail is raised from its bed, remaining attached only at the extreme lateral borders, until a new nail forms when the old nail is cast off. The writer is inclined to regard the spontaneous hemorrhage as due to lesions of the peripheral nerves. His conclusions are as follows:

1. Diabetes mellitus, like *tabes dorsalis*, hysteria and various other affections, may, and often does, cause spontaneous shedding of the nails of the hands and more frequently those of the feet.

2. Shedding may take place in two manners. In certain cases the hemorrhage and detachment occur without any preceding symptoms or disorder, when the diagnosis between syphilis and locomotor ataxia would be, without the aid of concomitant symptoms, extremely difficult. In other cases subungual hemorrhage may precede detachment. In such cases, the mechanism is similar to that observed in certain tabic patients.

3. These hemorrhages are not only due to changes in the vessel walls, but also, in some cases, to lesions of the nerves found in the fingers. A. P.

CLINICAL.

VASO-MOTOR DISTURBANCES IN TRAUMATIC NEUROSES.

The groupings of such cases according to H. Kringe, (*Archiv. für Psychiatr.*), are (1). Cases of local hydrosis. (2). Cases of urticaria-like exanthems, which the author has observed to exist in two different grades: (a). As a distinct red band at the level of the skin, or as a prominent